

Date Stamped Copy Returned
 No Self-Addressed Stamped Envelope
 No Copy Provided

Fill in this information to identify the case:

Debtor 1 Puerto Rico Buildings Authority jointly w/ Common, of PRDebtor 2
(Spouse, if filing) _____United States Bankruptcy Court for the: _____ District of Puerto Rico _____Case number 17-03283

RECEIVED

JUL 29 2020

PRIME CLERK LLC



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04/19

Official Form 410

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Unión de Empleados de Oficina de AEP on behalf of Bargaining unit employees

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

 No Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Roberto O. Maldonado-Nieves

Name

344 Street #7 N.E. Office 1-A

Number Street

San Juan, Puerto Rico 00920

City State ZIP Code

Contact phone 787-782-3221

Contact email romn1960@gmail.com

Where should payments to the creditor be sent? (if different)

Unión de Empleados de Oficina de AEP

Name

P.O. Box 40820 Estación Minillas

Number Street

San Juan, Puerto Rico 00940

City State ZIP Code

Contact phone 787-307-6334

Contact email ueopaep@gmail.comUniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

 No Yes. Claim number on court claims registry (if known) _____Filed on N/A
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

 No Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 20,000.00. Does this amount include interest or other charges?

No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Refusal of P.B.A. to pay holidays

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	Amount entitled to priority
	<input checked="" type="checkbox"/> Yes. Check one:	
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ <u>N/A</u>
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____
* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/28/2020

MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name	Roberto O. Maldonado-Nieves		
	First name	Middle name	Last name
Title	Attorney		
Company	Roberto O. Maldonado-Nieves		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	344 Street #7 N.E. Office 1-A		
	Number	Street	
	San Juan, Puerto Rico		00920
	City	State	ZIP Code
Contact phone			Email

Attachment to Proof of Claim by Unión de Empleados de Oficina y Profesionales de la Autoridad de Edificios Públicos on behalf of collective bargaining unit.

Refusal by PBA to pay salary in holidays. Case A-10-2638. The claim is subject to an arbitration judgment dated July 13, 2012.

PBA has failed to comply with judgment

Amount in pay due is estimated in \$20,000.00 accumulating interest at 6% per year plus legal fees as set forth in the judgment at a rate of 25% of the award.

Express

EXHIBIT EX 2 Proof of claim 174660 Page 5 of 5

PACKAGE LABEL

COMMERCIAL INVOICE LABEL

DELIVERY RECORD LABEL

DELIVERY RE-ATTEMPT LABEL

1 From

Date 7/20/2020 Sender's FedEx Account Number

Sender's Name JOHANN HUNOR Phone

Company CITY Towers

Address 250 Ponce de Leon Ave,

Address Suite 503

City Atlanta State GA

ZIP 00918

Country United States

Email Address 1845-0002

Internal Billing Reference 1845-0002 **74 # of CLAIMS**

2 To

28 Residential Delivery

Recipient's Name PRIME CLERK Phone 2122574169

Company PRIME CLERK

Address 850 3RD AVE STE 412 Dept/Floor

City BROOKLYN State NY

Country US ZIP 11232

Recipient's Tax ID Number for Customs Purposes

3 Shipment Information

Total Packages 1 Total Weight 2 lbs. kg DIM in. cm

Commodity Description	Harmonized Code	Country of Manufacture	Value for Customs
<i>Doc's</i>		USA	NY

Has EOI been filed in AES? No EOI required, value \$2,500 or less per Sch. B Number, no license required (NLR), not subject to ITAR. For U.S. Export Only Check One No EOI required, enter exemption number: _____

If other than NLR, enter license exception: _____

Yes - Enter AES proof of filing citation: _____

FedEx Tracking Number **8135 9267 1131 0402** Form ID No.**4 Express Package Service**

NOTE: Service order has changed. Please select carefully.

06 FedEx Intl. First**01 FedEx Intl. Priority****03 FedEx Intl. Economy****5 Packaging****06 FedEx Envelope****02 FedEx Pak****03 FedEx Box****04 FedEx Tube****15 FedEx 10kg Box****25 FedEx 25kg Box****01 Other****6 Special Handling and Delivery Signature Options****01 HOLD at FedEx Location****03 SATURDAY Delivery****10 Direct Signature****34 Indirect Signature**

Someone at recipient's address may sign for delivery.

If no one is available at recipient's address, someone at a second address may sign for delivery. If no residential delivery only.

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7 Payment Complete payment options for less transportation charges and duties.

Bill transportation charges to: Enter FedEx Acct. No. or Credit Card No. below.

1 Sender Acct. No. in Section 1 will be billed. **2** Recipient **3** Third Party **4** Credit Card **5** Cash Check/Check

FedEx Acct. No. **9095-8996-7**

South Card Exp. Date

Bill duties and taxes to: Enter FedEx Acct. No. below.

1 Sender Acct. No. in Section 1 will be billed. **2** Recipient **3** Third Party **5** Cash Check/Check

FedEx Acct. No.

8 Required Signature

Use of this Air Waybill constitutes our agreement to the Conditions of Contract of carriage of this Air Waybill, and you represent that this shipment does not require a U.S. Government license or contain dangerous goods. Certain international treaties, including the Warsaw or Montreal Convention, may apply to this shipment and limit our liability for damage, loss, or delay as described in the Conditions of Contract.

WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Sender's Signature: Johann Hunor

Received above shipment in good order and condition. We agree to pay all charges, including Customs duties and taxes as applicable, and we agree to the Conditions of carriage as stated on the reverse side of the recipient's copy.

Recipient's Signature: 662

Origin Station ID	Country Code/Destination Station ID	URSA Routing	Handling Units
S16	FBT	X1FBT	Total Volume (cm)
Received At: <input type="checkbox"/> Reg. Step	<input checked="" type="checkbox"/> On-Call Step	<input type="checkbox"/> Drop Box	<input type="checkbox"/> World Service Center <input type="checkbox"/> Station
Base Charges _____	Declared Val. Chrg. _____	ODA/ DPA	Credit Card Auth. _____
FedEx Emp. # _____	Shuttle Emp. # _____	Def. Carrier Emp. # _____	Date _____

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